

Exhibit D
*10.25.18 WA SOS
Carlson – Governor of Giga Watt*



Filed
Secretary of State
State of Washington
Date Filed: 10/25/2018
Effective Date: 10/25/2018
UBI #: 604 067 749

Amended Annual Report

BUSINESS INFORMATION

Business Name:

GIGA WATT, INC.

UBI Number:

604 067 749

Business Type:

WA PROFIT CORPORATION

Business Status:

ACTIVE

Principal Office Street Address:

1 CAMPBELL PKWY STE B, E WENATCHEE, WA, 98802-9290, UNITED STATES

Principal Office Mailing Address:

1 CAMPBELL PKWY STE B, E WENATCHEE, WA, 98802-9290, UNITED STATES

Expiration Date:

12/31/2019

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

12/15/2016

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

OTHER SERVICES, DATA CENTER HOSTING AND MAINTENANCE

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
JEFFERS, DANIELSON, SONN & AYLWARD, P.S.	2600 CHESTER KIMM RD, WENATCHEE, WA, 98801, UNITED STATES	

PRINCIPAL OFFICE

Phone:

424-542-5904

Email:

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2018102500499712 - 1

Received Date: 10/25/2018

Amount Received: \$10.00

AK@GIGA-WATT.COM

Street Address:

1 CAMPBELL PKWY STE B, E WENATCHEE, WA, 98802-9290, USA

Mailing Address:

1 CAMPBELL PKWY STE B, E WENATCHEE, WA, 98802-9290, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL	GIGA WATT INC	DAVE	CARLSON
GOVERNOR	INDIVIDUAL		ANDREY	KUZENNY
GOVERNOR	INDIVIDUAL		LEONID	MARKIN
GOVERNOR	INDIVIDUAL		EDUARD	KHAPTAKHAEV

NATURE OF BUSINESS

- OTHER SERVICES
- DATA CENTER HOSTING AND MAINTENANCE

EFFECTIVE DATE

Effective Date:

10/25/2018

RETURN ADDRESS FOR THIS FILING

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Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

EMAIL OPT-IN

By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

ANDREY

Last Name:

KUZENNY

Title:

DIRECTOR

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.